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CONFIRMATION NO. 7874

<b>SERIAL NUMBER</b> 09/711,648	<b>FILING OR 371(c) DATE</b> 11/13/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 37646/KMO/W112
<b>APPLICANTS</b> Dean M. Ponzi, Glendora, CA; Asher Holzer, Haifa, ISRAEL; Shlomo Ben-Haim, Haifa, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/280,202 03/29/1999 PAT 6,165,164 which claims benefit of 60/088,019 06/04/1998 and claims benefit of 60/088,984 06/11/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/12/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 23363				
<b>TITLE</b> Injection catheter with needle electrode				
<b>FILING FEE RECEIVED</b> 1218	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	